

Foster Family Home - Corrective Action Report

Provider ID: 1-564501

Home Name: Aristotle Ramos, CNA

Review ID: 1-564501-6

2820-B Kalihi Street

Reviewer: Jackie Chamberlain

Honolulu HI 96819

Begin Date: 11/26/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Home inspection made for a 3 bed re-certification. Corrective action report issued Corrective action plan due to CTA on 12/26/19

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.b.7 No proof of current positive/negative TB skin test for CG#2 (new CG to this home)

Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

Caregiver # 2 has not completed client delegations with Case Management Agency (CMA) RN

Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.c.5

client # 1 no med profile / physician order page

client # 2 -med profile updated since 7/19 new meds not on list and no side effect list

client # 3 -2 new PRN meds not yet added to Physician order med profile

Jackie Chamberlain RN
Compliance Manager

[Signature]
Primary Care Giver

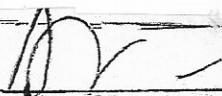
11/26/19
Date

11-26-2019
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: ARISTOTLE RAMOS
CCFFH Address: 2820 KALIHI ST HONOLULU #B

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
54(c)5 Continued	PHARMACY PRINT OUT OF SIDE EFFECTS - HAS BEEN ADDED TO CLIENT BINDER CASE MANAGEMENT AGENCY HAS ADDED THE MISSING (NEW) MEDICATIONS TO PHYSICIANS ORDER	12/2/19 12/2/19	PHARMACY PRINT OUT WILL BE PLACED ON CLIENT BINDER EVERY TIME A NEW ORDER COMES IN WILL WORK W/ CMA TO PROVIDE MED LIST W/ NEW MEDS ORDER AND UP DATE THEIR PHYSICIANS ORDER LIST WITH A COLUMN FOR SIDE EFFECTS

Primary Caregiver's Signature: 


Print Name: ARISTOTLE RAMOS Date of Signature: 12/2/19

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: ARISTOTLE RAMOS

CCFFH Address: 2820 KALIHI ST., HONOLULU #B

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.b(7)	CG #2 HAS PROVIDED CMA CURRENT TB CLEARANCE AND IT HAS BEEN PLACED IN BINDER.	12/21/19	PCG HAS TO UP DATE TRACKING LOG WITH NEW SUBSTITUTE C/G.
43(c)3	CAREGIVER #2 HAS COMPLETED CLIENT DELEGATIONS WITH CMA AND SIGNED DELEGATIONS IN BINDER	12/21/19	PCG WILL WORK W/ NA CMA FOR DELEGATION FOR NEW SUBSTITUTE
54(c)5	CMA HAS UPDATE ALL MED PROFILE PHYSICIAN ORDERS IS PLACED IN CLIENTS BINDERS	12/21/19	PCG WILL WORK W/ CMA EACH TIME NEW ORDERS ARE RECEIVED

Primary Caregiver's Signature: 

Print Name: ARISTOTLE RAMOS Date of Signature: 12/21/19